PTO/SB/97 (08-03)
Approved for use through 07/31/2008, OMB 0551-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

RECEIVED CENTRAL FAX CENTER

SEP 02 2009

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office,

on <u>·</u>

<u>. 2009.</u>

Patricia M. Fedorowycz

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

CUSTOMER NO.: 24498

Mail Stop: AF

ATTACHED: - FEE TRANSMITTAL (PTO/SB/17), in duplicate;

- PETITION FOR ONE MONTH EXTENSION (PTO/SB/22),

in duplicate; and

- NOTICE OF APPEAL (PTO/SB/31), in duplicate.

Serial No.: 10/553,810

Examiner: My-Chau T. Tran

Art Unit: 2629

Docket No.: PU030125

TOTAL NUMBER OF PAGES INCLUDING THIS SHEET: 7

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Approved for use through 07/31/2008, 0AB 06/51-0332
U.S. Patent and Tradomark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995 no periodns are required to respond to a collection of Information where it displays a valid OMB control number Complete If Known Feas pursuant to the Consolidated Appropriations Act, 2005 (H.R., 4818). Application Number 10/553,810 **FEE TRANSMIT** October 18, 2005 Filing Date BECEIVED for FY 2007 ANGELA RENEE BURNETT First Named Inventor LEAX SENTER 0 2 2009

				Examiner Name	My-Chau	T. Tran	GENTHA		
☐ Applicant clair	ns small entit	y status. See 3	7 CFR 1.27	Art Unit	2629		SE		
TOTAL AMOUNT	OF PAYMENT	(\$) 670.0	0	Attorney Docket No.	PU030125	i			
METHOD OF PAYMENT (Check all that apply) CUSTOMER NUMBER: 24498									
Deposit Account: Deposit Account Number 07-0832 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.									
FEE CALCULATION	(All the fees	below are due	upon filing or	may be subject to a	a surcharge.)				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity									
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Ullity	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F	EES					Small E	.615.		
Fee Description					Fee		Fee (\$)		
Esch claim over 20 (inck	ding Relasues)				56		25		
Each Independent claim over 3 (Including Reissues)					200)	100		
Multiple dependent claims					360	=	180		
				Fee Paid (\$)		tiple Depender	nt Claims		
- 20 HP = highest number of I	or HP = total claims paid	for, if greater than	20.		<u>Fee</u>	<u>(\$)</u>	Fee Paid (\$)		
		_							
Independent Claims		a Claims	<u>Fee (\$)</u>	Fee Paid (\$)					
- 3 or HP = x HP = highest number of independent cisims paid for, if greater than 3.									
3. APPLICATION SIZ	E FEE						I		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(s)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
Total Sheets	Extra Shee	<u>its Num</u>	ber of each ac	iditional 50 or fract	lon thereof	<u>Fee (\$)</u>	Fee Paid (\$)		
100 = / 50 = (round up to a whole number) x =									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):NOTICE OF APPEAL • \$540,00 ONE MONTH EXTENSION • \$130.00 \$670.00									
		<u></u>							
SUBMITTED BY									

SUBMITTED BY					
Namo (PrinVType)	JORGE TONY VILLABON	Registration No. (Altamay/Agent)	52,322	Talephone	(609) 734-6445
Stanature	Parcy T	6-			September 1, 2009

THOMSON LICENSING 609 734 6888 TO 815712738300

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it dispitate a valid OMS convol number

					- · · · ·	. A W. //		
Fees pursuant to the	Consolidated Approp	melions Act, 2008 (H.R. 4818).			te if Known	RECE	
FFFT	RANS	SMIT	ΓΔΙ	Application Number			CENTRALF	
FEE TRANSMITTAL for FY 2007				Filing Date				
				First Named Invento	r ANGELA	ANGELA RENEE BURNETT SEP		
				Examiner Name	My-Chau	T. Tran		
Applicant clai	ms small entity	status. See 3	7 CFR 1.27	Art Unit	2629		. 	
TOTAL AMOUNT	OF PAYMENT	(\$) 670.0	0	Atterney Docket No	PU03012	:5		
					<u> </u>			
METHOD OF PAYMENT					D Other			
☐ Check ☐ C	redit card	Money Ord	ier	☐ None	☐ Other (a	lease iden(lfy):		
Charge f Charge s fee(s) under WARNING: information Information and author	dentified depositive(s) indicated any additional for 37 CFR 1.16 and this form madrization on PTO-	account, the D i below fee(s) or undo and 1.17 ay become publi 2039.	irector is herek erpayments c le, Credit card i	of 🔯 Credit any	eck ell that app e(s) indicated overpayment of he included o	oly) I below, excep its in this form, Provi	ICENSING LLC of for the filling fee	
FEE CALCULATION	N (All the fees b	elow are due	upon filing or	may be subject to	a surcharge.)) 		
1. BASIC FILING, S	FILING FE	EARCH, AND EXAMINATION FEES FILING FEES Small Entity		CH FEES Small Entity	EXAMIN	ATION FEES Small E	inuty	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pald (\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80	-	
Relasue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM	EFFS					Small I	Enith	
Fee Description					<u>F</u>	ee (\$)	Fee (\$)	
Each claim over 20 (inc	luding Reissues)				_	50	25	
Each Independent daln	n over 3 (including	Reissues)			2	200	100	
Multiple dependent clair	ma				360 180			
Total Claims		<u>a Claims</u>	Fee (\$)	Fee Pald (5)		Multiple Dependent Claims		
- 20 HP = highest number of	or HP =	X	. 20	P	E	<u>90 (\$)</u>	Fee Paid (\$)	
Independent Claim		<u>a Claims</u>	Fee (\$)	Fee Paid (\$)				
+ 3 HP = highest number of	or HP = findependent clain	x ns paid for, if gre	aler than 3.					
3. APPLICATION SI								
If the specification at		eed 100 sheets	of paper (eye)	luding electronically	filed semionos	or computer		
listings under 37 CFI sheets or fraction the	R 1.52(e)), the e	pplication size	fee due is \$25	0 (\$125 for small en				
Total Sheets	Extra Shee	ta Nur	nber of each a	<u>edditional 50 or fra</u>	ction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =		/50=	(rou	nd up to a whole nu	mber) x		_ =	
4. OTHER FEE(S) Non-English Specific		(no small entity	discount)				Fees Paid (\$)	
Other (e.g., late filing	surcharge):NO		PEAL -	\$540.00 - \$130.00			\$670.00	
SUBMITTED BY								
Name (Frint/Type)	JORGE TON	100	egistration No. (Iomey/Agent)	52,322	Talapho	ne (609)	734-6445	
Rinneture	1000				1	6		